



## Public Health LOOK OUT!

- May is **Hepatitis Awareness Month**. Hepatitis is an illness characterized by inflammation of the liver. Hepatitis is often caused by viral infection, the most common in the United States are hepatitis A, B, and C. According to the CDC, about 66% of individuals with hepatitis B are unaware of their infection, and 40% of individuals living with hepatitis C do not know they are infected. This month is observed to raise awareness on hepatitis, encouraging testing, vaccination and treatment. Visit the CDC's [website](#) to learn the ABCs of hepatitis!
- **National Women's Health Week, May 8<sup>th</sup>—14<sup>th</sup>**, is observed each year to encourage women and young girls to prioritize their health and take care of themselves. This year's focus is 'Achieving Healthier Futures Together'. Managing underlying conditions, taking care of physical and mental well-being, maintaining a nutritious diet, and developing healthy strategies to cope with stress are important ways to improve one's health and overall quality of life. [Visit](#) to learn more!
- **World Asthma Day** is observed on the first Tuesday in May, **May 3<sup>rd</sup>**, to raise awareness on asthma, a global public health concern. Asthma is a chronic disease that affects the lungs, causing episodes of wheezing, chest tightness, coughing, and breathlessness. Asthma attacks can occur due to common triggers such as outdoor air pollution, pets, mold, secondhand tobacco smoke, and dust mites. In 2016, the WHO estimated more than 339 million individuals had asthma and almost 418,000 died due to the condition. This year's theme is 'Closing the Gaps in Asthma Care', emphasizing the importance of equity in improving diagnosis, treatment, and management of asthma. [Visit](#) to learn more about this day!

For the most recent information on COVID-19 in Florida please visit: <https://floridahealthcovid19.gov/>

### In this Issue

Public Health Lookout	1
Investigation of Severe Acute Hepatitis of Unknown Etiology Among Children Under 10 Years of Age	2
Salmonella Infections in Miami-Dade County, 2017-2021.	3
COVID-19 Resources and Guidance	7
EDC-IS Influenza Respiratory Illness Surveillance Report	8
Select Reportable Diseases and Conditions for March 2022	9
What's New at DOH - Miami-Dade	10

# SOCIAL INEQUALITIES IN HEALTH

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## Investigation of Severe Acute Hepatitis of Unknown Etiology Among Children Under 10 Years of Age

By: Yoselin Garcia

The World Health Organization (WHO), in partnership with the European Centre for Disease Prevention and Control and the International Health Regulations (IHR) National Focal Point (NFP) for the United Kingdom, is currently investigating an outbreak of severe acute hepatitis of unknown etiology among children under the age of 10.<sup>1</sup> Up to date, cases have been reported across central Scotland, Ireland, and Spain, as further investigations continue.<sup>2</sup> Similarly, the Alabama Department of Public Health, in collaboration with the Centers for Disease Control and Prevention (CDC) has been investigating an increase in hepatitis cases among young children since last Fall.<sup>4</sup> Hepatitis is known as inflammation of the liver, commonly caused by viral infection. Less frequently, hepatitis may result from heavy alcohol use, exposure to toxins, medications, and certain medical conditions.<sup>3</sup> Symptoms may include fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, pale stools, arthralgia, and jaundice.<sup>3</sup>

On April 5<sup>th</sup>, 2022, the World Health Organization (WHO) was notified of 10 cases of severe acute hepatitis of unknown etiology among previously healthy children under the age of 10 in the United Kingdom, across central Scotland.<sup>1</sup> Initial symptom onset for nine of the cases was March 2022, while one case had symptom onset January 2022.<sup>1</sup> By April 8<sup>th</sup>, 74 cases had been identified with clinical presentation of acute hepatitis with elevated liver enzyme levels, jaundice, and gastrointestinal symptoms.<sup>1</sup> Of the 74 cases, six resulted in liver transplantation and many required treatment in a specialty children's liver unit. In Scotland, two pairs of the 13 cases under investigation were epidemiologically linked and five tested positive for adenovirus.<sup>2</sup> 61 of the 74 cases reported by the UK are under investigation in England, Wales, and Northern Ireland, most within age range of two and five years.<sup>2</sup> Spain also reported three confirmed cases of severe acute hepatitis in children between the ages of 22 months and 13 years, one case requiring a liver transplant.<sup>5</sup> Laboratory testing, excluding hepatitis type A, B, C, D and E, revealed detection of severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) and/or adenovirus in several cases.<sup>1</sup> As of April 21<sup>st</sup>, 169 cases have been identified, of which, approximately 10% required liver transplantation, and at least one death has been reported.<sup>7</sup> Adenovirus has been detected in at least 74 cases.<sup>7</sup> Up to date, an association with travel has not been found.

In the state of Alabama, nine cases of hepatitis have been identified in previously healthy children under the age of 10, age range one to six years, with similar clinical syndrome of general gastrointestinal illness and liver disease, to include liver failure, since November 2021.<sup>4</sup> Of the nine children, two required liver transplantation.<sup>4</sup> These cases were laboratory tested and found to be positive for Adenovirus. None of the cases tested positive for SARS-CoV-2. Sequencing later revealed that five cases had adenovirus 41.<sup>6</sup> Hepatitis has been previously observed among immunocompromised pediatric patients with Adenovirus 41 infection. Epidemiologically, an association or link among the cases has not been identified. While testing suggests these viral infections may play a role in the pathological process, causation remains unknown. The CDC is currently working very closely with state health departments to identify any additional cases in the United States and has issued a Health Alert Network (HAN) Health Advisory notifying health care providers and clinicians who may encounter patients with hepatitis of unknown etiology. Recommendations provided by the CDC include the consideration of adenovirus testing in pediatric patients with hepatitis of unknown etiology and the testing of whole blood by PCR, which may be more sensitive than testing plasma by PCR. PCR testing may be done on respiratory specimens, stool, rectal swabs, or blood specimens.<sup>6</sup>

The Florida Department of Health in Miami-Dade is encouraging health care facilities and providers to monitor and report pediatric cases of acute hepatitis of unknown etiology to the local health department. Please report all cases involving pediatric patients 16 years of age and under, presenting with acute hepatitis (non-hepatitis viruses A - E) and elevated liver enzyme levels (aspartate transaminase or alanine transaminase over 500 U/L) upon initial suspicion or laboratory test order to:

**Florida Department of Health in Miami-Dade County, Epidemiology, Disease Control, and Immunization Services**  
**@ 305-470-5660 immediately by phone, available 24/7.**

### References

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# Salmonella Infections in Miami-Dade County, 2017-2021

By: Kelsey Bricker

## Introduction

Salmonella is a bacterial infection within the intestinal tract that may lead to symptoms such as nausea, vomiting, diarrhea, fever, chills, and abdominal pain.<sup>1</sup> Salmonella is caused by eating raw or undercooked meat, poultry, eggs, or egg products.<sup>1</sup> Salmonella infections are more common in the summer months, in children under five years old, and in adults over 65 years of age.<sup>2</sup> Recommended prevention methods include washing your hands thoroughly, washing raw fruits and vegetables, preventing cross-contamination, and avoiding the consumption of raw eggs or meat.<sup>1-3</sup>

In Miami-Dade County from 2017-2021, there has been an unexpected increase of confirmed salmonella cases. The increase of cases from 2017-2021 does not align with trends in other counties across the state of Florida. Furthermore, other geographic regions experienced a decrease in salmonella cases because of COVID-19 mitigation strategies.<sup>4-6</sup> The purpose of this data analysis is to explore the populations and geographic regions in Miami-Dade County with the highest rates of salmonella infection. In addition, the analysis explores the sequence of salmonella cases over time and incidence rates in Miami-Dade compared to other counties in the state of Florida.

## Methods

Confirmed salmonella cases in Miami-Dade County between 01/01/2017 and 12/31/2021 were obtained from the Florida Department of Health, Epidemiology Disease Surveillance System, Merlin. Incidence rates were calculated per 100,000 population using population estimates from Florida Charts. Incidence was calculated for county and state levels, age, gender, and race/ethnicity. The statistical analysis was conducted using SAS 9.4 and Arc GIS was used to identify clusters of salmonella infection.

## Results

From 2017-2021, the number of salmonella cases steadily increased in Miami-Dade County, with the highest frequency of cases in 2020 and 2021. In 2017, there were 740 confirmed cases of salmonella, 872 confirmed cases in 2019, 1003 confirmed cases in 2020, and 979 confirmed cases in 2021 (Table 1). The incidence rate of salmonella infections also increased from 2017-2021. In 2017, the incidence rate of salmonella cases was 26.9, compared to 34.2 in 2021 (Table 1). Furthermore, Miami-Dade County had higher incidence rates of salmonella cases during 2020 and 2021, when compared to Broward, Duval, Hillsborough, Orange, and Palm Beach counties, and exceeded the incidence rate of the state of Florida (Figure 1).

Figure 1: Incidence Rate of Salmonella Infections in Miami-Dade County and Florida by Year

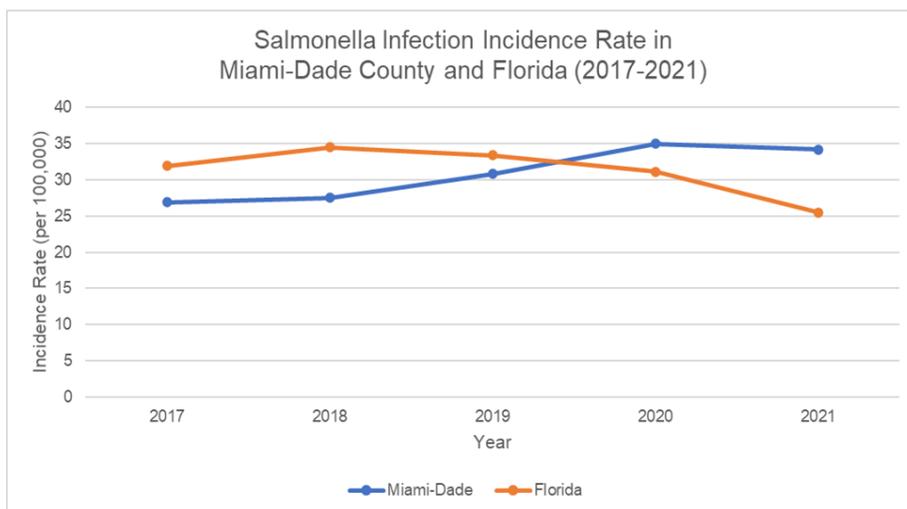


Table 1: Frequency of Salmonella Infections and Incidence Rate by Year and County

County	2017		2018		2019		2020		2021	
	N	Rate								
Miami-Dade	740	26.9	772	27.5	872	30.8	1003	35.0	979	34.2
Broward	572	30.4	582	30.5	664	34.5	669	34.4	658	33.8
Duval	309	32.8	304	31.8	300	30.9	289	29.2	209	21.1
Hillsborough	282	20.3	321	22.6	280	19.4	268	18.1	209	14.1
Orange	244	18.5	312	22.7	333	24.0	300	21.0	277	19.4
Palm Beach	478	33.9	507	35.1	532	36.5	491	33.4	455	31.0

## Age

During 2017-2021, incidence rates were highest among children younger than five years old, children 5-14 years old, and adults 85 years old and older. The average incidence rate of salmonella infections in children younger than five years old was 288.6 per 100,000 population, followed by children 5-14 years old with a rate of 33.0, and adults 85 years old and older with a rate of 29.8 per 100,000 population (Figure 2).

In 2020 and 2021, incidence rates of salmonella infection in children younger than five years old were 352.9 and 323.3 per 100,000 population, respectively. These two-year incidence rates are higher than previous years (2017-2019) and indicate that this age group had a greater risk of developing salmonella in 2020 and 2021, when compared to prior years. Other age groups with an increased incidence rate in 2020 and 2021 were residents 5-14 years old, 15-24 years old, 45-54 years old, and 55-64 years old (Figure 3). See Appendix for frequency of salmonella cases and incidence rate across years.

## Race and Ethnicity

Hispanic and Non-Hispanic White residents had a higher incidence rate of salmonella infections compared to Non-Hispanic Black residents from 2017-2021 (Figure 4). In 2017, the incidence rate of salmonella infections per 100,000 population was 22.6 for Non-Hispanic Whites, 12.9 for Non-Hispanic Blacks, and 28.5 for the Hispanic population. By 2021, the incidence rate per 100,000 population increased to 31.9 for Non-Hispanic Whites, 14.8 for Non-Hispanic Blacks, and 32.2 for Hispanics (Figure 4). See Appendix for frequency of salmonella cases and incidence rate across years.

## Gender

From 2017-2021, the incidence rate of salmonella infections gradually increased for men and women. In 2017, the incidence rate of salmonella infections per 100,000 population was 28.0 for men and 26.0 for women. By 2021, the incidence rate per 100,000 population increased to 34.4 for men and 35.4 for women. More specifically, men had the highest incidence of salmonella infection in 2020, while women had the highest incidence in 2021, compared to other years (see Appendix).

Figure 2: Average Number of Salmonella Cases and Incidence Rate by Age

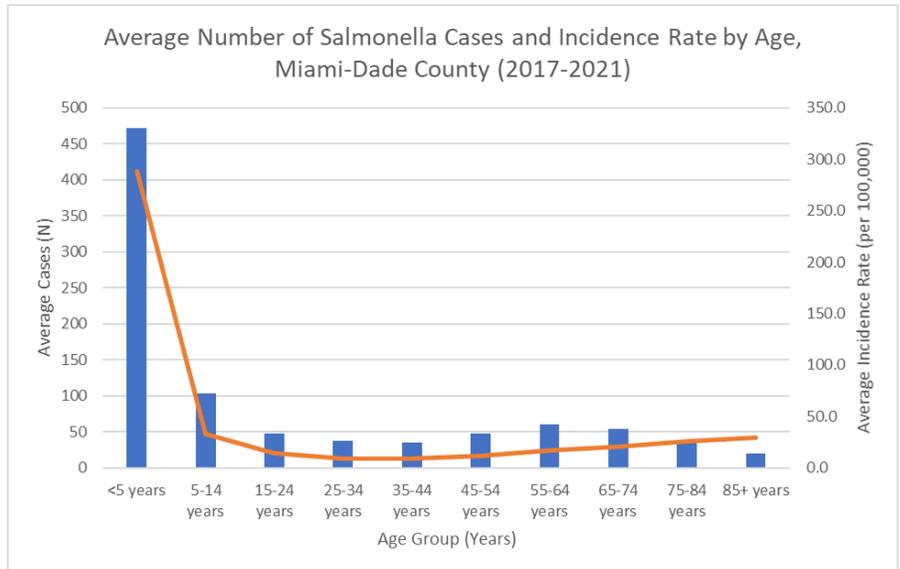


Figure 3: Incidence Rate of Salmonella Infection by Age Group and Year

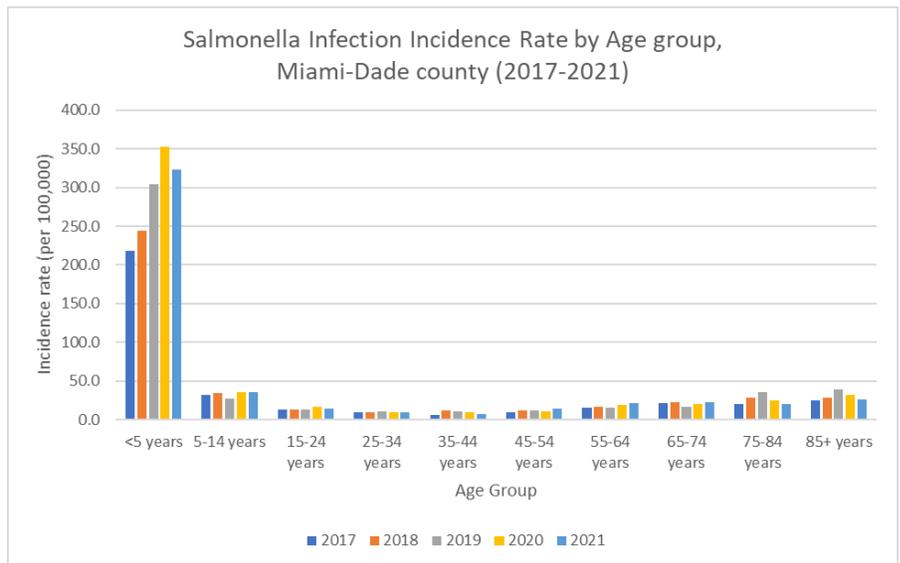
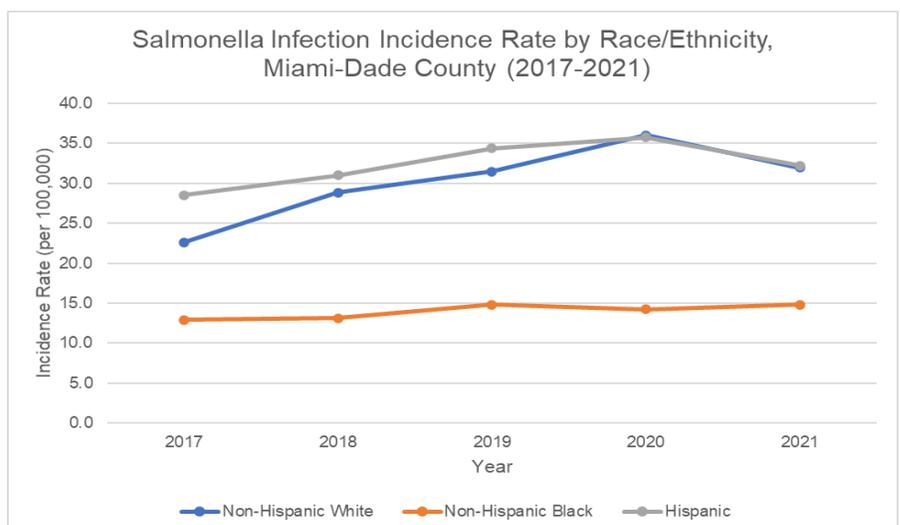


Figure 4: Incidence Rate of Salmonella Infection by Race/Ethnicity and Year



**Time Series**

The time series data shows that from 2017-2019, the highest frequency of cases occurred in summer months, June through August (Figure 5). This data supports previous investigations that note seasonal patterns of infection.<sup>7</sup> In 2020, the highest frequency of cases occurred in October, while a higher-than-average frequency of cases occurred in January, February, November, and December. In addition, during 2021, the highest frequency of cases occurred in September.

**High Density Areas of Salmonella infection**

Patterns of salmonella infection did not change in 2020 and 2021, compared to 2017-2019. Salmonella infections occurred in central Miami-Dade, west Miami-Dade, and northwest Miami-Dade (Figure 6). These patterns are similar findings from previous salmonella investigations and indicate that these neighborhoods are persistent hot spots in Miami-Dade.<sup>7</sup>

Figure 5: Frequency of Salmonella Cases by Year (2017-2021)

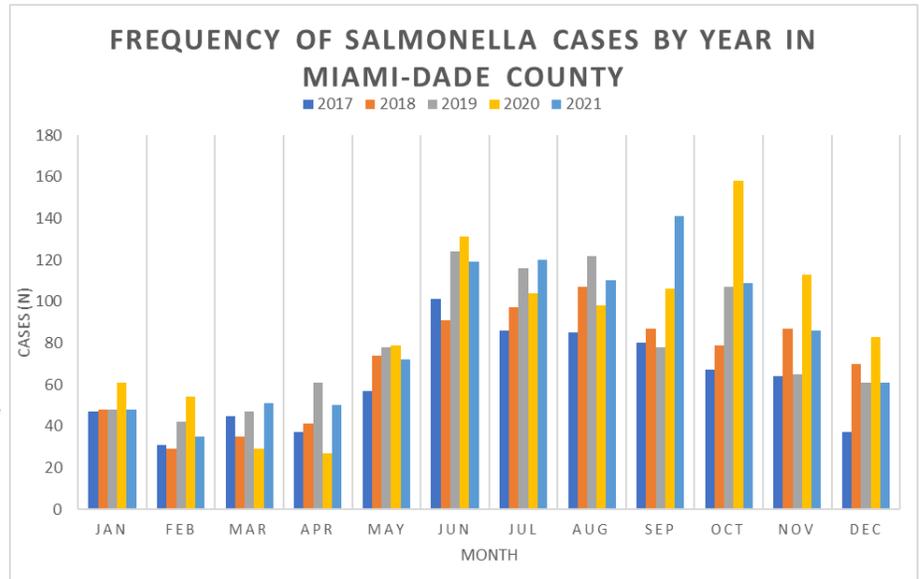
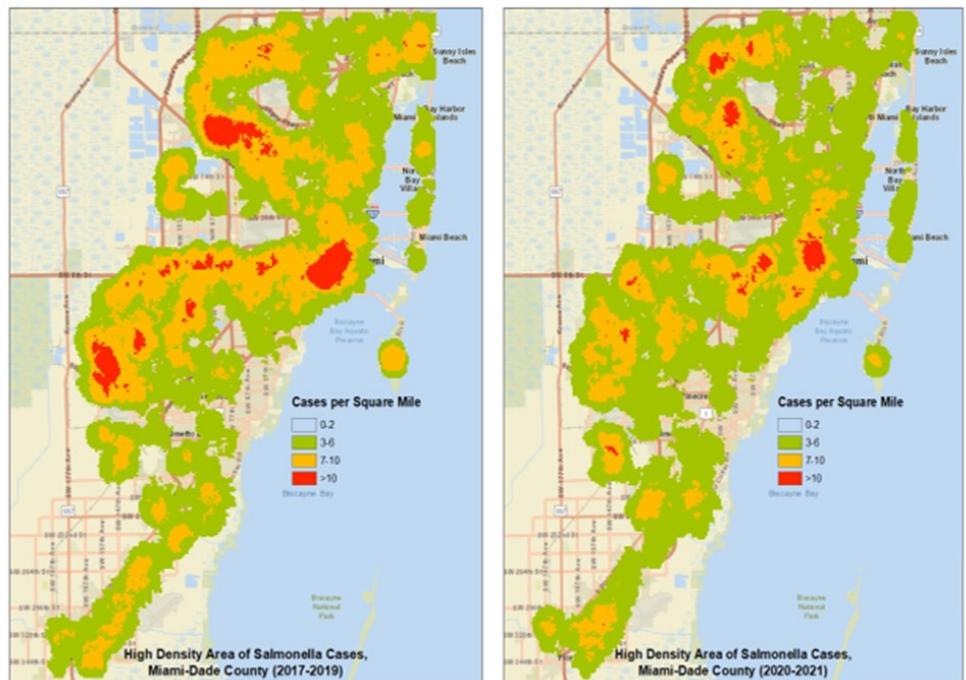


Figure 6: High Density Map of Salmonella Cases in Miami-Dade County from 2017-2019 and 2020-2021.

**Discussion**

The number of Salmonella infections and incidence rate in Miami-Dade County has increased from 2017-2021. In 2020 and 2021, the incidence rate of salmonella infections was higher in Miami-Dade compared to surrounding counties and state levels. Populations with the highest average incidence include children under five years old, men, and Hispanic residents. Hot spots that were identified in Miami-Dade were in areas of high population density and Hispanic communities. Cases of salmonella infection peaked during summer months from 2017-2019. These peaks may be attributed to salmonella bacteria growing at faster rates in higher temperatures, when food is not refrigerated properly. In 2020 and 2021, salmonella peaks occurred in September and October. Previous research has found that salmonella cases in Florida may peak between August and October due to the climate and late hurricane season.<sup>8</sup> To further understand the significance of the incidence rate across years and demographics, additional statistical methods can be applied. More research needs to be conducted to evaluate how COVID-19 impacted salmonella rates and reporting techniques.



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6. Buckley, R., Trigo E., Calle-Prieto F., Arsuaga M., Diaz-Menendez M. (2020). Social Distancing to combat COVID-19 led to a marked decrease in food-borne infections and sexually transmitted diseases in Spain. *Journal of Travel Medicine*. 27(8). Doi: <https://doi.org/10.1093/jtm/taaa134>
7. Cordero C, Moore E. Increase in reported salmonella infections in Miami-Dade County, 2010-2015. *Epi Monthly Report*. 2016; 17(10). [https://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/disease-control/\\_documents/epi-oct-2016.pdf](https://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/disease-control/_documents/epi-oct-2016.pdf)
8. University of Florida (2021). Understanding salmonella infections in Florida. Available at: <https://epi.ufl.edu/articles/understanding-salmonella-infections-in-florida.html>

Appendix

Diagnosis of Salmonella by Year, Miami-Dade County										
	2017		2018		2019		2020		2021	
	N	Rate per 100,000								
<b>Age</b>										
<5 years	349	218.4	394	243.6	498	304.7	585	352.9	536	323.3
5-14 years	99	32.4	107	34.4	84	26.8	113	35.6	113	35.6
15-24 years	45	13.5	44	13.2	45	13.5	53	15.9	49	14.7
25-34 years	36	9.1	37	9.2	41	10.2	36	8.9	39	9.7
35-44 years	24	6.3	44	11.4	43	11.1	36	9.2	27	6.9
45-54 years	38	9.3	48	11.5	51	12.3	43	10.4	56	13.5
55-64 years	51	15.4	58	16.8	52	14.7	67	18.4	77	21.2
65-74 years	51	21.7	55	22.9	57	16.5	50	19.6	56	22.0
75-84 years	28	20.0	40	28.0	52	35.4	38	24.4	32	20.6
85+ years	16	24.7	18	28.1	26	39.4	21	31.3	17	25.3
<b>Gender</b>										
Female	369	26.0	434	30.1	461	31.7	506	34.4	521	35.4
Male	368	28.0	410	30.7	488	35.8	537	38.6	479	34.4
<b>Race/Ethnicity</b>										
Non-Hispanic White	86	22.6	107	28.8	116	31.5	133	36.0	118	31.9
Non-Hispanic Black	66	12.9	67	13.1	75	14.8	72	14.2	75	14.8
Hispanic	531	28.5	596	31.0	672	34.4	711	35.7	640	32.2

# Help Protect Yourself and Others | COVID-19

Stay up to date on  
COVID-19 vaccinations



**Wear a mask indoors**

When COVID-19 Community Level is high

**Avoid crowds and poorly ventilated spaces**



**Test to prevent spread to others**

**Wash your hands often**



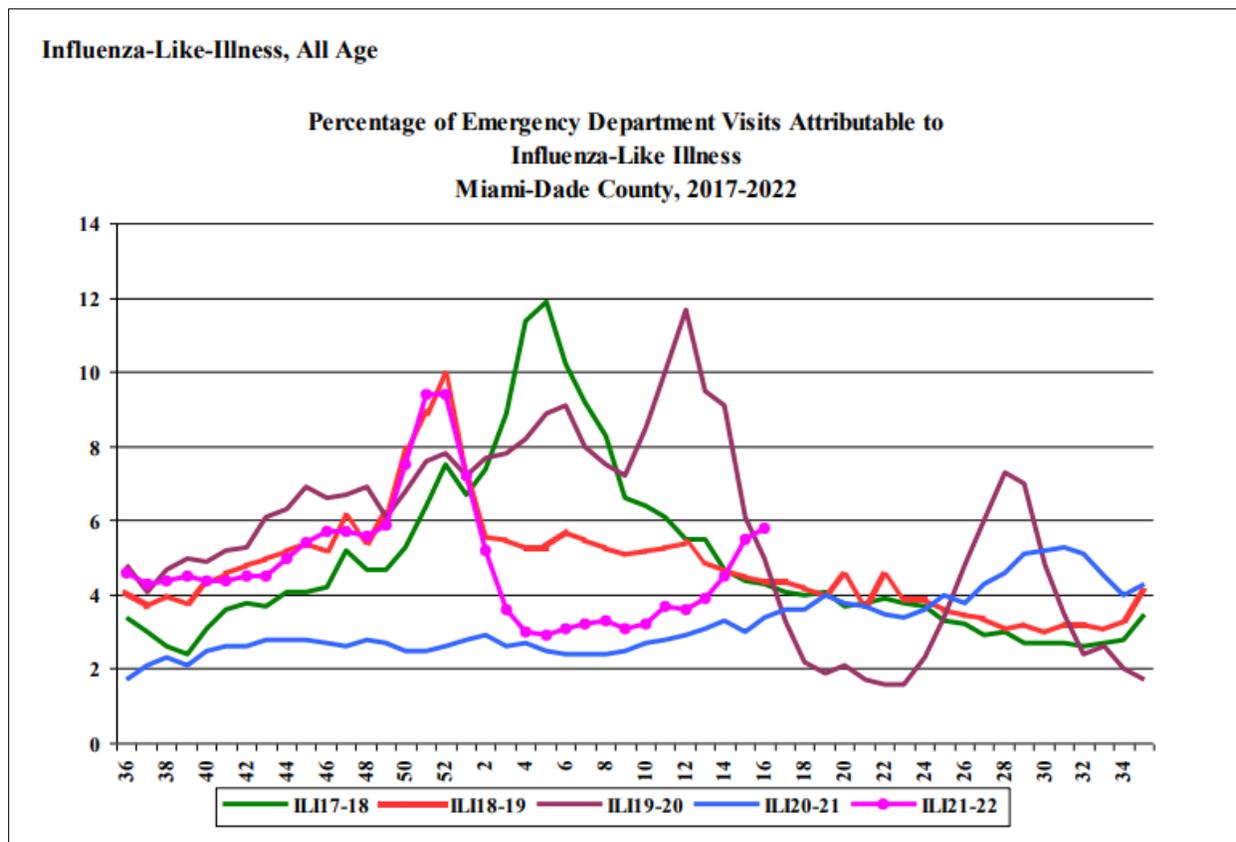
[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS 327146B | 03/01/2022

# Florida Department of Health in Miami-Dade County Epidemiology, Disease Control and Immunization Services

## Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of "flu" or "ILI". This season's 2020-2021 data is compared to the previous 4 influenza seasons (2016-2017, 2017-2018, 2018-2019, 2019-2020).



Across all ages, there were 37,090 ED visits; among them 2,166 (5.8%) were ILI. During the same week last year, 3.4% of ED visits were ILI.

### PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

#### Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact  
**Stephanie Ramirez** at 305-470-5660.



# Miami-Dade County Monthly Report

## Select Reportable Disease/Conditions

### March 2022

Diseases/Conditions	2022 Current Month	2022 Year to Date	2021 Year to Date	2020 Year to Date
<b>HIV/AIDS</b>				
AIDS*	38	96	101	86
HIV	187	510	305	305
<b>STD</b>				
Infectious Syphilis*	52	147	124	129
Chlamydia*	1286	3441	3418	3606
Gonorrhea*	537	1373	1564	1198
<b>TB</b>				
Tuberculosis**	20	42	27	27
<b>Epidemiology, Disease Control &amp; Immunization Services</b>				
<b>Epidemiology</b>				
Campylobacteriosis	52	120	111	147
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	0	0	0	3
Cryptosporidiosis	3	8	10	9
Cyclosporiasis	0	0	1	1
Dengue Fever	5	8	1	7
Escherichia coli, Shiga Toxin-Producing	12	32	12	24
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	29	57	24	26
Influenza, Pediatric Death	0	0	0	0
Legionellosis	4	7	7	6
Leptospirosis	0	0	0	0
Listeriosis	0	1	0	2
Lyme disease	0	0	0	0
Malaria	0	0	0	0
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	1	2	1	0
Salmonella serotype Typhi (Typhoid Fever)	0	0	0	0
Salmonellosis	79	194	122	142
Shigellosis	9	24	16	54
Pneumoniae, invasive disease	8	16	5	29
Vibriosis	0	2	0	2
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	0	0	0	0
<b>Immunization Preventable Diseases</b>				
Measles	0	0	0	0
Mumps	0	2	1	1
Pertussis	2	3	0	7
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	5	1	21
<b>Hepatitis</b>				
Hepatitis A	1	3	3	7
Hepatitis B (Acute)	6	17	6	12
<b>Healthy Homes</b>				
Lead Poisoning	30	65	24	27

\*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

\*\* Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.



Give your community a  
**BOOST!**



#NMHM2022



National Institute on Minority Health and Health Disparities



### What's New at DOH-Miami-Dade:

- Nationwide, the newly launched **Test to Treat Initiative** provides individuals with rapidly accessible, free, lifesaving oral COVID-19 antiviral pills. Visit the [HHS.gov](https://www.hhs.gov) to locate a COVID-19 Test to Treat site near you!
- The FDA authorized the emergency use of [bebtelovimab](https://www.fda.gov/oc/ohrt/bebtelovimab) monoclonal antibody therapy for COVID-19 treatment. [Visit](#) to view the fact sheet.
- COVID-19 Vaccine booster recommendations are now available for all three available COVID-19 vaccines in the US. Visit the [CDC's website](https://www.cdc.gov) for eligibility criteria and to find a COVID-19 vaccine near you!
- Every home in the United States is eligible to receive **2 sets** of 4 free at-home COVID-19 rapid antigen tests. Test results given within 30 minutes, no lab drop off required! Visit [COVIDtests.gov](https://www.covidtests.gov) to order your free at-home tests!

### To report diseases and for information, call EDC-IS at:

<b>Childhood Lead Poisoning Prevention Program</b>	<b>305-470-6877</b>
<b>Epidemiology and Disease Surveillance</b>	<b>305-470-5660</b>
<b>Hepatitis Program</b>	<b>305-470-5536</b>
<b>HIV/AIDS Program</b>	<b>305-470-6999</b>
<b>Immunization Services</b>	<b>305-470-5660</b>
<b>STD Program</b>	<b>305-575-5430</b>
<b>Tuberculosis Program</b>	<b>305-575-5415</b>
<b>Appointment Line</b>	<b>786-845-0550</b>

### About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Yoselin Garcia at (786) 582-2266 or [Yoselin.Garcia@flhealth.gov](mailto:Yoselin.Garcia@flhealth.gov).

